FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:55

DOCUMENT # P93000068138 (5)

1. Corporation Name
ST. JAMES HOMES OF MAPLEWOOD, INC.

Principal Place of Business	Mailing Address
4600 ENTERPRISE AVE. SUITE B NAPLES FL 33942	4600 ENTERPRISE AVE. SUITE B NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business
21 1120 Goodlette Road
22 Suite, Apt. #, etc.
23 City & State: Naples, Florida
24 Zip: 33940
25 Country: Collier

2a. Mailing Address
26 1120 Goodlette Road
27 Suite, Apt. #, etc.
28 City & State: Naples, Florida
29 Zip: 33940
30 Country: Collier

4. FEI Number: 65-0439243 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MENZIES, ROBERT G
ROETZEL & ANDRESS LPA
3003 TAMIAMI TRAIL NORTH, SUITE 270
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒XX Change ☐ Addition
NAME	DELLAS, JAMES P	1.2 NAME	James P. Dellas
STREET ADDRESS	4600 ENTERPRISE AVE., SUITE B	1.3 STREET ADDRESS	7804 CocoBay Court
CITY-ST-ZIP	NAPLES FL 33942	1.4 CITY-ST-ZIP	Naples, Florida 33963
TITLE	D	2.1 TITLE	D ☒XX Change ☐ Addition
NAME	TACKETT, JAMES E	2.2 NAME	James E. Tackett
STREET ADDRESS	4600 ENTERPRISE AVE., SUITE B	2.3 STREET ADDRESS	3538 Haldeman Creek Drive, #115
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	Naples, Florida 33962
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James P. Dellas March 15, 1995 813-643-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0328360 CP